Name in Full: Mrs Charlotte W. Adams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Catonsville; County: Baltimore

Date of death 190 4: Month: November; Day: 13-

Age: Years: 64; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Baltimore

Married, Single or Widowed: Single

Occupation: Teacher

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving information: Agnes I. Gundry

How related to deceased: Physician

64

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia — How long: One Year

Immediate: Cerebral Hemorrhage — How long: 4 Hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Agnes I. Gundry M.D.

Address: Box 1 Catonsville Md

Accident or Suicide? No

LIBRARY BUREAU A88316

Name in Full: Blanche Marie Allen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Balto.

Date of death 1904: Month: 11; Day: 15

Age: Years: 3; Months: 2; Days: 15

Sex: Female; Color or Race: White; Birthplace: Md.

Married, Single or ~~Widowed~~; Occupation: None

Name of Wife or Husband:

Father's Name: Geo. F. Allen; Father's Birthplace: Md.

Mother's Maiden Name: Rose Edler; Mother's Birthplace: Md.

Name of person giving information: Geo. F. Allen; How related to deceased: Father

92

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia; How long: 1 week

Immediate: Heart Failure; How long: 4 hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M. J. McAvoy M.D.

Address: 839 S. Eden

Accident or Suicide?

LIBRARY BUREAU A88516

Zurkler + Zurkler
1739 E. Eager St.

Mt Carmel Cemetery

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Anton J. Appel

Died at: Town: Canton | County: Balto.

Date of death 190 4: Month: Novemb | Day: 26th | Age: Years | Months | Days: 8

Sex: Male | Color or Race: White | Birthplace: O'Donnel & 3rd Ky

Married, Single or Widowed: Single | Occupation: None

Name of Wife or Husband: None

Father's Name: Louis J. Appel | Father's Birthplace: Germany

Mother's Maiden Name: Mary C. Schaub | Mother's Birthplace: Balto. Md.

Name of person giving information: Louis J. Appel | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Icterus Neonatorum due to inflammation of Umbilical Vein | How long: 4 days

Immediate: Exhaustion | How long: 1 d

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Williams M. D.

Address: 410 S. Patterson Park ave.

Saw patient for 1st time on Nov. 24.

Accident or Suicide? ~~Accident or Suicide~~

LIBRARY BUREAU A88516

Holy Redeemer -
Henry Hoeck & Son -

Name in Full: John Bannaban

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Texas County: Balto.

Date of death: 1904 Month: Dec. Day: 2

Age: Years: 49 Months: Days:

Sex: Male Color or Race: White Birthplace: Texas Md

Occupation: Laborer Where Residing if not at place of death: Texas

Married, ~~Single~~ or ~~Widowed~~ Name of Wife or ~~Husband~~: Jennie Bannaban

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

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Name of person giving information: Jennie Bannaban How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastritis & Peritonitis How long: 5 days

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B. F. Bussey M. D.

Address: Texas Md

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: George William Benhoff

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Baltimore

Date of death 1904 — Month: Nov — Day: 20 — Age: Years: 1 — Months: 7 — Days: 10

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Georg F. Benhoff Jr. — Father's Birthplace: Baltimore

Mother's Maiden Name: Mary Koch — Mother's Birthplace: Germany

Name of person giving Information: Georg F. Benhoff Jr. — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Laryngeal Diphtheria — How long: 3 days

Immediate: Exhaustion Cardiac Syncope — How long: one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. W. Jones

Address: 3116 O'Donnell st

Accident or Suicide?

LIBRARY BUREAU A88816

Trinity Cemetery

H Sanderson

Name in Full: Thomas C. Bosley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Western Runn P.O — County: Baltimore

Date of death 1904 — Month: 11 — Day: 8 — Age — Years: 60 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Belfast Md.

Occupation: Farmer — Where Residing if not at place of death: Western Run P.O Md.

Married, ~~Single~~ or ~~Widowed~~ — Name of ~~Wife~~ or ~~Husband~~: Bertha Bosley

Father's Name: Joseph Bosley — Father's Birthplace: Balto. Co

Mother's Maiden Name: Martha Gorsuch — Mother's Birthplace: Balto. Co

Name of person giving Information: ~~Brother~~ J.G. Bosley — How related to deceased: Brother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Appendicitis & Obstruction of Bowel — How long: One week

Immediate: Shock due to Ileration — How long: 4 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J.H. Brack Md

Address: Butler Md

Accident or Suicide?

LIBRARY MUSEAU A36316

Please return permit for
Bosley Cemetery Nov 18

Wm C Brooks

Name in Full: Mary Bannon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Balto Co

Date of death: Month: Nov; Day: 30; 1904; Age: Years: 5 3; Months; Days

Sex: Female; Color or Race: White; Birthplace: Balto Md

Occupation: —; Where Residing if not at place of death: Baltimore

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving Information: Recds Mt Hope; How related to deceased: Was at all

68

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chron. Mania. (Epilepsy); How long: 20 odd yrs.

Immediate: Ex. Pul. Congest; How long: 3 or 4 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat. Balto Co Md.

Accident or Suicide?

LIBRARY BUREAU A8010

Name in Full: Bessie Boyd Bowen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Roland Park; 700 Gladstone ave.; County: Balto. Co.

Date of death: Month: Nov.; Day: 25; Year: 1904

Age: Years: 62; Months: 6; Days: 6

Sex: Female

Color or Race: white

Birthplace: Pa.

Occupation: ——

Where Residing if not at place of death: 700 Gladstone ave.

Married, Single or Widowed: widow

Name of Wife or Husband: ——

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Saml. F. Headley

Father's Birthplace: Pa.

Mother's Maiden Name: Maria J. Boyd

Mother's Birthplace: Pa.

Name of person giving information: John C. Lewis

How related to deceased: Son in Law

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: Several years

Immediate: asthenia — How long: 4 weeks

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. Ward Bowen.

Address: 315 N. Paca St.
Baltimore. Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Madison Mitchell

Norristown Pa.

Name in Full: Henry Bush Col

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton; County: Balto

Date of death 190 4: Month: Nov; Day: 9; Age: Years —; Months —; Days —

Sex: Male; Color or Race: Colored; Birthplace: Maryland

Married, Single or Widowed: Married; Occupation: Laborer

Name of Wife or Husband: Jennie Bush

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving Information: —; How related to deceased: —

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: —; How long —

Immediate: —; How long —

Are the name, age, sex, color, date and place correctly given above? —

Signature of ~~Physician~~ Coroner John E Muelly

Address 216 O Donnell St

Accident or Suicide? appoplexy

LIBRARY BUREAU A88516

J. H. Foadbin
Mt Auburn Academy

Name in Full: Chas Gottlieb Busse

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: | County: Baltimore

Date of death 1904 — Month: Nov | Day: 22 — Years: Age 46 | Months: | Days:

Sex: Male | Color or Race: White | Birthplace: Germany

Occupation: Farmer | Where Residing if not at place of death:

Married, Single or Widowed: Yes | Name of Wife or Husband:

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: | How related to deceased: undertaker

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidently falling

Immediate: of wagon

How long:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~ Coroner: Fred L Pfeffer

Address: 1218 First St

Accident or Suicide? Accident

LIBRARY BUREAU A88618

Jon Nicolaus

Near North Point Road

Name in Full: Blanche Camper

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Towson — County: Baltimore

Date of death: Month: Nov — Day: 13 — 1904

Age — Years: 11 — Months — Days

Sex: Female

Color or Race: Col.

Birthplace: Sparrows Point

Occupation: At home

Where Residing if not at place of death: Towson

Married, Single or Widowed: single

Name of Wife or Husband:

Father's Name: John Camper

Father's Birthplace: Maryland

Mother's Maiden Name: Mary Cromwell

Mother's Birthplace: Balto

Name of person giving Information: ?

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid

How long: 3 wks

Immediate: Exhaustion

How long: 4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. Bryant Cott

Address: 354 N. Biddle st

Accident or Suicide?

LIBRARY BUREAU A66516

John H. Toadvin

Mt auburn

City

Name in Full: Mrs. Bridget Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: St. Agnes' Hospital — Town — County: Balto — MARYLAND

Date of death: Month: Nov. — Day: 20 — Years: Age 79 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: None — Where Residing if not at place of death: 1121 Fleming Ave.

Married, Single or Widowed: Married — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information — How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Myo. Carditis — How long

Immediate: Sudden Colapse — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. T. O'Meara M.D.

Address: St. Agnes Hospl.

Accident or Suicide?

LIBRARY BUREAU A88515

1117 Penna Ave

Marlan & Fahey & Sons.

New Cathedral.

Name in Full: John T. Lavey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Ellicott City — County: Balto.

Date of death: Month: Nov. — Day: 26 — 1904

Age: Years: 51 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Merchant — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Annie V. Lavey

Father's Name: Wm Lavey — Father's Birthplace: Md

Mother's Maiden Name: Catherine Frost — Mother's Birthplace: Md

Name of person giving In formation: Annie V Lavey — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Heart-Paralysis — How long: Two hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: William E Hodges

Address: Ellicott City - Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Mary E. Clayton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fork — County: Baltimore

Date of death: 1904 — Month: Nov. — Day: 1st — Age: 57 Years — Months — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: House wife — Where Residing if not at place of death:

Married, ~~Single or Widowed~~ — Name of Wife or Husband: J. W. B. Clayton

Father's Name: David Herlton — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: John Clayton — How related to deceased: son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: heart disease — How long: 6 months

Immediate: ~~pneu~~ heart disease — How long: half hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. I. L. Green

Address: Gittings Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A88813

Name in Full: Elizabeth Ann Coates

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pinnico; County: Baltimore

Date of death: 1904; Month: 11; Day: 9

Age: Years: 85; Months: 10; Days: 14

Sex: Female; Color or Race: White; Birthplace: Balt. Md.

Occupation:

Where Residing if not at place of death: Pinnico

Married, Single or Widowed: Widow; Name of Wife or Husband: Wm A. Coates.

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo. C. Stein; Father's Birthplace: Germany

Mother's Maiden Name: Mary Ann Hammer; Mother's Birthplace: Germany

Name of person giving In formation: Mrs Letitia Coates; How related to deceased: Granddaughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchitis 91; How long: 4 years

Immediate: Heart Failure; How long: One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. H. Sanders M.D.

Address: 514 E. City.

Accident or Suicide?

LIBRARY BUREAU AB3316

Name in Full: Henry Clay Collings

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson — County: Balto.

Date of death: 1904 — Month: Nov. — Day: 8 — Age: Years: 71 — Months: 7 — Days: 30

Sex: Male — Color or Race: Wh. — Birthplace: Md.

Occupation: Butcher — Where Residing if not at place of death: Towson

Married, ~~Single~~ or Widowed — ~~Name of Wife or~~ Husband: Sallie A. Collings

Father's Name: William Rowe Collings — Father's Birthplace:

Mother's Maiden Name: Matilda Royston — Mother's Birthplace: Md.

Name of person giving Information: Liggie Collings — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Cachexia — How long: 6 Mos.

Immediate: Cardiac Asthenia — How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Royston Crum M.D.

Address: Towson Md.

~~Accident or Suicide?~~

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LIBRARY BUREAU A86516

John Burns Sons
Presb. Cem. Govan

Name in Full: Marie E. Cook

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Highland Mowa — County: Baltimore

Date of death 190 4 — Month: 11 — Day: 4 — Age — Years: 1 — Months: 8 — Days: 14

Sex: Female — Color or Race: White — Birthplace: Balto Co.

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband:

Father's Name: John G. Cook — Father's Birthplace: Baltimore

Mother's Maiden Name: Barbara Ebenhardt — Mother's Birthplace: Germany

Name of person giving Information: John G. Cook — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 93

Immediate: asphyxia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. Warner M.D.

Address: 1120 Highland Ave

Accident or Suicide?

LIBRARY BUREAU A88316

1st Evangelical

N. Sandomir

Name in Full: Frank Coplan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Consumptive Hospital; County: Balto.

Date of death	Month	Day	Age Years	Months	Days
1904	11	19	20		

Sex: male

Color or Race: Hebrew

Birthplace: Russian

Occupation: Clerk + Salesman

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: don't know

Father's Birthplace:

Mother's Maiden Name: don't know

Mother's Birthplace:

Name of person giving Information: Miss Hoffman

How related to deceased: none

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: one year

Immediate: Oedema of the lungs. — How long: a few hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H A Jarrett

Address: Towson, Md

Accident or Suicide? no

LIBRARY BUREAU A38518

Full Margaret Cremen

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Pimlico County: Baltimore

Date of death: Month: Nov Day: 16 1904

Years: Age 62 Months: — Days: —

Sex: Female Color or Race: white Birthplace: Ireland

Occupation: Housewife Where Residing if not at place of death: Dunmore Ave Pimlico

Married, Single or Widowed: Married Name of Wife or Husband: Robert Cremen

Father's Name: Michael Wall Father's Birthplace: Ireland

Mother's Maiden Name: Mary Kennegan Mother's Birthplace: Ireland

Name of person giving Information: Robt Cremen 42 How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Uterus How long: 9 months

Immediate: Exhaustion Heart failure How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Theodore Cook M.D.

Address: 914 N Charles St

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

A. Jackson Curry

Town: Jacksonville County: Baltimore MARYLAND

Died at

Month	Day	Y.	M.	D.	Nativa of	Occupation
nov.	28	72	11		Harford Co.	farmer

Date 1904 Age

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 3

Husband ~~Wife~~ of Mary E. Curry

Father's Name Arthur Curry Mother's Nama Elizabeth Curry

Cause of Death — Primary: 157

Immediate: suicide by hanging

How long sick

~~Accident~~, Suicide, ~~Homicide~~

Reported by Thos. H. Emory M. D.

Address Hereford, Maryland 10th Dist.

Must be signed by physician, if any in attendance, otherwisa by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Thomas Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Balto.

Date of death: Month: Nov; Day: 2; 1904

Age: Years: 54; Months: —; Days: —

Sex: Male

Color or Race: Colored

Birthplace: West Va

Occupation: Laborer

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or ~~Husband~~: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Thomas Baxton

How related to deceased: Name

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Brights disease of Kidney

How long: about 1 year

Immediate: Coma

How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. W. Stultz M.D.

Address: Catonsville Md.

Accident or Suicide?

LIBRARY BUREAU A88810

Alex Lipinsky
Modenbäcker 578 W. Biddle St
Baltimore City

Name in Full: Albert Day

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Catonsville County: Baltimore

Date of death: Month Nov Day 7 1904

Age: Years 69 Months 0 Days 23

Sex: male Color or Race: White Birthplace: Conn

Occupation: Retired

Where Residing if not at place of death: Dr Bert Place Catonsville

Married, ~~Single or Widowed~~: Name of Wife or Husband: Sarah M. Day

Father's Name: Elijah Day Father's Birthplace: Westchester Conn

Mother's Maiden Name: Rebecca Ely Knapp Mother's Birthplace: Hadlyme Conn

Name of person giving information: Sarah M Day How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paresis How long 7 years

Immediate: Congestive Chill How long 3 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. White Day

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Loudan Park.

Stewart & Mowen

215 Park Ave.,

Nov. 9th 1904.

Name in Full: Elizabeth Deaver

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) 1904 Eastern Ave 2nd (County) Balto.

Date of death 1904 Month Nov. Day 11 Age Years 79 Months Days

Sex female Color or Race white Birthplace

Occupation none Where Residing if not at place of death

Married, Single or Widowed widow Name of Wife or Husband

Father's Name Father's Birthplace Md

Mother's Maiden Name Mother's Birthplace Md

Name of person giving information Laura V Pollock How related to deceased Granddaughter

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Old age – General Debility How long about 3-4 weeks

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. W. Edwards M.D.

Address 1073 Canton Av.

Accident or Suicide?

LIBRARY BUREAU A88618

R. F. Philbin

Mt Carmel Cemetery

Name in Full John F. Dixon

Certificate of Death

Town Catonsville County Balto

Died at MARYLAND

Month Day Y. M D. Native of Occupation

Date 1904 11 25 Age 61 Maryland

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 1

Husband / Wife of Wife is dead

Father's Name John Dixon Mother's Name Annie Dixon

Cause of Death: Primary Pneumonia How long sick 1 month

Immediate

Accident, Suicide, Homicide

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Reported by D W Ketchey M.D

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Annie R Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Texas; County: Balto.

TO BE ANSWERED BY NEAREST FRIEND

Date of death	1904	Month: 11	Day: 3	Age: 5 Years	11 Months / Days
Sex: female	Color or Race: Colored	Birthplace			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name: Samuel Dorsey	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever — How long

Immediate: Pneumonia — How long: 9 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos C. Bussby

Address: Texas Md.

Accident or Suicide?

LIBRARY BUREAU A8501S

To Be Buried
By Ensor & Rice
at Cockeysville

Name in Full: Adam E. Eckhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: St. Agnes' Hosp. Town: [illegible] County: Balto. MARYLAND

Date of death: Month: Nov. Day: 30 1904

Age: Years: 28 Months: 4 Days: 2?

Sex: Male Color or Race: White Birthplace: Baltimore

Occupation: Conductor Where Residing if not at place of death: 1109 Lemmer St.

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: William H Eckhardt Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Summers Mother's Birthplace: Baltimore

Name of person giving In formation: " " How related to deceased: Mother

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Husband Fever How long:

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. T. Mara

Address: St. Agnes Hospl.

Accident or Suicide?

LIBRARY BUREAU A88516

Name In Full

Certificate of Death

George W. Faulkner

Town: Govanstown | County: Balto | MARYLAND

Died at Govanstown Balto MARYLAND

Date 1904 Month Nov Day 29 | Age Y. 2 M. — D. — | Native of Balto Co | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single / Widow / Widower / Divorced | Number of children living

Husband of

Wife

Father's Name M Duncan Faulkner | Mother's Name May Keller

Cause of Death — Primary: Convulsions | How long sick: 5 days

Immediate: Debility | ~~Accident, Suicide~~, Homicide

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Reported by John Barron

Address Govanstown Balto Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73883

John J. Fahey

21 Thayer Avenue

Name in Full: Ellen Forrest

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Baltimore Co

Date of death: Month: Dec; Day: 21st; 1904

Age: Years: 51; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace:

Occupation: Sister of Charity

Where Residing if not at place of death: House

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Rects of Mt Hope

How related to deceased: Not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long: 2 Wks

Immediate: Exhaustion -

How long: —

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat
Balto Co Md -

Accident or Suicide?

LIBRARY BUREAU A88819

Name in Full: Walter C. Franz

CERTIFICATE OF DEATH

MARYLAND

Died at 224 Colonel St | Town | Balto | County

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month Nov.	Day 26	Age 41	Months	Days
Sex Male	Color or Race White		Birthplace Md		
Occupation Clerk			Where Residing if not at place of death 224 Colonel St		
Married, Single or ~~Widowed~~ Married	Name of Wife or Husband Fanny Franz				
Father's Name John Franz			Father's Birthplace Germany		
Mother's Maiden Name Katherine Keeler			Mother's Birthplace "		
Name of person giving information Fanny Franz			How related to deceased Wife		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary		How long
Immediate Heart Failure		How long Sudden
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician B Hall	
	Address 1st Mariners	
~~Accident or~~ Suicide? no		

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LIBRARY BUREAU A48516

N. J. Jackson & Son

London Park

Name in Full: Edna E. Gambrill

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Washington County: Baltimore

Date of death 1904: Month: 11 Day: 29 Age: Years: 26 Months: Days: 18

Sex: female Color or Race: White Birthplace: Balto Co Md

Occupation: House Keeper Where Residing if not at place of death: Mt. Washington

Married, Single or Widowed: married Name of Wife or Husband: Wm E. Gambrill

Father's Name: Stephen Hosthall Father's Birthplace: md.

Mother's Maiden Name: annie Slade Mother's Birthplace: md.

Name of person giving information: annie Wolfenton How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis How long: about one year

Immediate: Asthenia How long: about six mos.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: William L Todd

Address: Mt Washington Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Louis Germanhausen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Agnes Hospital; County:

Date of death: Month: Nov. Day: 3 Year: 1904 Age: Years: 49 Months: Days:

Sex: Male Color or Race: White Birthplace: Baltimore

Occupation: None Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: How related to deceased:

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 2 yrs.

Immediate: Hemorrhage How long: 3 wks

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: F. W. Keown M.D.

Address: 1938 Linden Ave

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Louis Gillespie

CERTIFICATE OF DEATH

Died at: Town: St. Agnes' Hosp. County: Balto. MARYLAND

Date of death	Month	Day	Years	Months	Days
1904	Nov.	30	Age 40		

Sex: Male | Color or Race: White | Birthplace: Baltimore

Occupation: None | Where Residing if not at place of death:

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis | How long: 4 years

Immediate: exhaustion | How long: 1 mo.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John T. O'Meara, M.D.

Address: St. Agnes' Hosp. Balto. Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Martin Staley.
Bonnie Brae Cemetery.

Name in Full: William Gilmor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Summerfield, Baltimore Co | County: Baltimore

Date of death 1904: Month: Nov, | Day: 13th | Years: Age 72 | Months | Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male | Color or Race: White | Birthplace: Glen Ellen Baltimore Co.

Married, Single or Widowed: Married | Occupation: Retired -

Name of Wife or Husband: Mary Lloyd Key Gilmor

Father's Name: Robert Gilmor | Father's Birthplace: Baltimore, Md

Mother's Maiden Name: Ellen Gilmor | Mother's Birthplace: Baltimore, Md

Name of person giving Information: Robert A. Dobbin | How related to deceased: Brother in Law

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright's Disease | How long: about two years

Immediate: Coma | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. E. Atkinson

Address: 609 Cathedral St
Baltimore

Accident or Suicide?

LIBRARY BUREAU A8616

H. W. Jenkins & Sons

Brenmount

Name in Full: Luke Mc Ginn

CERTIFICATE OF DEATH

Died at: Town: St. Agnes' Hospital; County: Balto. MARYLAND

Date of death 1904	Month	Day	Years	Months	Days
	Nov.	26	Age 22		

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: White	Birth-place: England	
Occupation: None	Where Residing if not at place of death: 190 Sherwood Ave.		
Married, Single or Widowed: Single	Name of Wife or Husband:		
Father's Name:		Father's Birthplace:	
Mother's Maiden Name:		Mother's Birthplace:	
Name of person giving Information:		How related to deceased:	

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CAUSES OF DEATH

PHYSICIAN OR CORDNER

Primary: Pulmonary Tuberculosis	How long:
Immediate: Exhaustion	How long:
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: John T. J. Marad M.D.
	Address: St. Agnes' Hosp. Baltimore Md.
Accident or Suicide? Prob. T.	

LIBRARY BUREAU A68516

Name in Full: Carrie Goeble

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton; County: Balto

Date of death: Month: Nov.; Day: 22; Year: 1904

Age: Years: ; Months: ; Days:

Sex: Female; Color or Race: White; Birthplace: Canton

Occupation: —; Where Residing if not at place of death:

Married, Single or Widowed: —; Name of Wife or Husband:

Father's Name: August Goeble; Father's Birthplace: Germany

Mother's Maiden Name: Warmuth; Mother's Birthplace: Md

Name of person giving In formation: August Goeble; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia; How long: 10 days

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. N. Kilby

Address: 2 Henson Pl Balto

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Christoph William Goldbeck

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown — County: Balto.

Date of death: Month: Nov. — Day: 16 — 1904

Age: Years: 71 — Months: — — Days: —

Sex: Male

Color or Race: White

Birthplace: Germany

Occupation: Carpenter

Where Residing if not at place of death: 1016 First St

Married, Single or Widowed: Married

Name of Wife or ~~Husband~~:

Father's Name: Unknown

Father's Birthplace: Germany

Mother's Maiden Name: Unknown

Mother's Birthplace: Germany

Name of person giving information: Edward Rupp

How related to deceased: Grandson

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Congestion — How long: 2 days

Immediate: Cardiac Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. A. Glantz M.D.

Address: 41 Eastern Ave E.

Accident or Suicide?

LIBRARY BUREAU A88516

John Herwig & Son
2008 Orleans St.
Holy Redeemer Cem=
Nov 19/04

Name in Full: Alton Grubert

CERTIFICATE OF DEATH

MARYLAND

Died at 54 St. Clinton St (Town) Baltimore (County)

Date of death 1904 Month Nov Day 18 Years Age Months 6 Days

Sex Male Color or Race White Birthplace Highlandtown

Married, Single or Widowed —

Occupation —

TO BE ANSWERED BY NEAREST FRIEND

Name of Wife or Husband —

Father's Name John Andrew Grubert Father's Birthplace Balto City

Mother's Maiden Name Margaret Fitz Mother's Birthplace " "

Name of person giving information Margaret Grubert How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

How long

Immediate Infantile Convulsions How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician H. S. Sudler

Address 1432 Highland Ave Highlandtown

Accident or Suicide?

LIBRARY BUREAU A58616

Name in Full: Edward Guyton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Long Green; County: Baltimore

Date of death: Month: Nov; Day: 18; 1904

Age: Years: 94; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation:

Whara Residing if not at place of death:

Married, Singla or Widowed: Widower

Name of Wife ~~or Husband~~: Hannah Guyton (deceased)

Father's Name: John Guyton

Father's Birthplace: Maryland

Mother's Maiden Name: Hannah Schubert

Mother's Birthplace: Germany

Name of person giving In formation: Chas. Guyton

How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Gangrene — How long: 4 months

Immediate " " — How long " "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. S. Green

Address: Sittinge, Md.

Accident ~~or Suicide~~?

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LIBRARY BUREAU A86616

Name in Full: Elizabeth Haebl

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Balto.

Date of death: Month: Nov.; Day: 9th; Year: 1904

Age: Years: 7; Months: 11; Days: 1

Sex: Female; Color or Race: White; Birthplace: Balto Co

Occupation: none; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: W. H. Haebl; Father's Birthplace: Germany

Mother's Maiden Name: Matilda Schisser; Mother's Birthplace: Germany

Name of person giving information: Germanus Tirance; How related to deceased: Friend

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Run over by Electric Car; How long

Immediate: Accidental; How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~ Coroner: Fred. L. Pfeffer

Address: 1218 First St Balto. Co. Md

Accident ~~or Suicide~~?

LIBRARY BUREAU A88616

Holy Redeemer Cemetery

Germanus France

Nov 11 to 1904

Name in Full: Jacob Haenel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Morrell Park; County: Balto

Date of death 190 4: Month: 11; Day: 11

Age: Years: 43; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Germany

Married, Single or Widowed: Married

Occupation: Restaurant

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: Germany

Mother's Maiden Name: —

Mother's Birthplace: Germany

Name of person giving Information: Herman Haenel.

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease. 79

How long: —

Immediate: Heart failure

How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Augt W. Miller Coroner

Address: 999 W. Winans

Balto & Md.

Accident ~~or Suicide~~?

LIBRARY BUREAU A86316

John H. Teufel
Grand London Park,
Jas Jacob Hasenek 121 N. Randall St.

Name in Full: Marie C. Harman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Baltimore

Date of death 1904 — Month: 11 — Day: 8

Age — Years: — Months: 3 — Days: 6

Sex: Female — Color or Race: White — Birthplace: Baltimore Co.

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband:

Father's Name: Charles Harman — Father's Birthplace: Baltimore

Mother's Maiden Name: Annie Paulus — Mother's Birthplace: Baltimore

Name of person giving information: Annie Harman — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: Seven days

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. Geo. Thurston M.D.

Address: 25 N. Fulton Ave.

Accident or Suicide?

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LIBRARY BUREAU A88316

Dr. Shantzer
Maryland Ave & Preston
to
London Park
H Sanders Sons

Name in Full

Ephraim Harris

Certificate of Death

Died at Glyndon (Town) Baltimore (County) MARYLAND

Date 1904 Month Nov Day 17 | Age Y. 86 M. 10 D. 22 | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4

~~Wife~~ Husband of Mary Wahler

Father's Name Thos Harris | Mother's Maiden Name Unknown

Cause of Death: Primary Phthisis Pulmonaglis — How long sick 9 Months

Immediate Phthisis Pulmonalis — Accident, Suicide, Homicide

Reported by Dr W.B. Benson

Address Cockeysville Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70008

Name in Full: Ruth Virginia Harrison.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marriottsville. County: Balto.

Date of death 1904: Month: Nov. Day: 27th. Age: Years —, Months 1, Days —

Sex: Female. Color or Race: White. Birthplace: Maryland.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: James L. Harrison. Father's Birthplace: Maryland.

Mother's Maiden Name: Lizzie Sloots. Mother's Birthplace: Maryland.

Name of person giving Information: James L. Harrison. How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions. How long: Four days.

Immediate: Central Congestion + Exhaustion. How long: Thirty Four Hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wm. N. Ward. M.D.

Address: Harrisonville. Md.

Accident or Suicide? —

LIBRARY BUREAU A66316

Name in Full: Mary E. Hartkopf

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kingsville; County: Balt

Date of death 1904: Month: 11; Day: 5; Age: Years: 12; Months: 5; Days:

Sex: Female; Color or Race: White; Birthplace: Kingsville

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank L. Hartkopf; Father's Birthplace: Germany

Mother's Maiden Name: Mary Tittle; Mother's Birthplace: Kingsville

Name of person giving Imformation: Frank Hartkopf; How related to deceased: Father

CAUSES OF DEATH

Primary: Diabetes Acute; How long: Three months

Immediate: " "; How long: " "

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. A. Green

Address: Sittings, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Wm B. Hayward

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Mt Hope Retreat County: Baltimore

Date of death: Month: Nov Day: 14 Years: Age 72 Months: Days:

Sex: Male Color or Race: White Birthplace: England

Occupation: Where Residing if not at place of death: Baltimore

Married, Single or Widowed: Married Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving In formation: Reds. of Mt Hope Retreat How related to deceased: Not at all

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania Chronic How long: over 7 mos.

Immediate: Sm - Ex - Hypostatic Congestion of Lungs How long: 2 days.

Are the name, age, sex, color. date and place correctly given above? Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Mt Hope Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Laura Pearl Hoffman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Wmans; County: Balto Co.

Date of death 1904: Month: Nov; Day: 14; Years: 18; Months: 1; Days: 3

Sex: Female; Color or Race: White; Birthplace: Balto Md

Occupation: ~; Where Residing if not at place of death: Mt Wmans

Married, Single or Widowed: single; Name of Wife or Husband: ~

Father's Name: Wiley Hoffman; Father's Birthplace: Md

Mother's Maiden Name: Serena; Mother's Birthplace: Md.

Name of person giving Information: Mrs Hoffman; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe; How long: 3 mos

Immediate: Phthisis Pulmonalis; How long: 3 mos

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. L. M. Kieffer M.D.

Address: Morrell Pk Balto Co Md

Accident or Suicide? ~

LIBRARY BUREAU A88816

London Park Co.

Jos B Cook

Name in Full: G. Cyril Holbrook

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lightwood Station — County: Baltimore

Date of death 1904: Month: Nov. — Day: 20 — Years: Age 5 — Months: 6 — Days: 1

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: George Holbrook — Father's Birthplace: Baltimore

Mother's Maiden Name: Elizabeth Nitzel — Mother's Birthplace: Baltimore

Name of person giving In formation: Elizabeth Holbrook — How related to deceased: Mother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Anaemia & paralysis — How long: 4 weeks

Immediate: Cardiac failure — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A. Glantz M.D.

Address: 41 Eastern Ave E.L.

Accident or Suicide?

LIBRARY BUREAU A66816

Mount Carmel
H. Sander & Sons

Name in Full: Harry Holzman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Carlton — County: Baltimore

Date of death 190 4 — Month: Nov — Day: 16

Age — Years: 4 — Months: 10 — Days: 17

Sex: Male — Color or Race: White — Birthplace: Baltimore Co

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband:

Father's Name: John Holzman — Father's Birthplace: Baltimore

Mother's Maiden Name: Margaret Leidiner — Mother's Birthplace: Baltimore

Name of person giving information: John Holzman — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scarlet Fever and Diphtheria — How long: 2 weeks

Immediate: Collapse — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. O. Whitemire M.D.

Address: 116 S. Broadway

Accident or Suicide?

LIBRARY BUREAU A6910

Name in Full: Margaret Hopkins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sparrows Point — County: Baltimore

Date of death 1904 — Month: Nov. — Day: 1st — Age — Years: — Months: 3 — Days: 15

Sex: Female — Color or Race: White — Birthplace: Sparrow Point

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name or Wife or Husband: —

Father's Name: Thomas Hopkins — Father's Birthplace: Penna

Mother's Maiden Name: Margaret O'Connor. — Mother's Birthplace: Ireland

Name of person giving Information: Wm. O'Connor. — How related to deceased: Grandfather

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 1 week

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. C. McCormick M.D.

Address: Sparrows Point

Accident or Suicide?

LIBRARY BUREAU A8u515

Name in Full: Sarah V Hauptman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: 410 Mt Pleasant Ave, Balto City — County:

Date of death 1904 — Month: Nov. — Day: 9 — Age — Years: 62 — Months: 11 — Days: 20

Sex: female — Color or Race: W. — Birthplace: Balto. City

Occupation: House work. — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: Gerhard Hauptmann

Father's Name: John Schaefer — Father's Birthplace: Germany

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Bronchitis — How long: About one week

Immediate: Heart failure 90 — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. Whelan Jones

Address: 1101 W. Biddle

Accident or Suicide? —

LIBRARY BUREAU A88816

Frank Evach
Holy Redeemer Academy

Name in Full: Jno Hurley

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Mt Hope Retreat County: Baltimore

Date of death: 1904 Month: Nov Day: 14 Years: Age 41 Months: — Days: —

Sex: Male Color or Race: White Birthplace: Inland

Occupation: Laborer Where Residing if not at place of death: 428 S. Sticker st

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Rec'd Mt Hope 68 How related to deceased: not at all.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania Chronic (Epileptic) How long: 5 or 6 years

Immediate: Cerebral Congest & Paralysis How long: abt ½ hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery M.D.

Address: Mt Hope Retreat Baltimore Co.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Robert Jamison

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Govanstown; County: Baltimore

Date of death 1904: Month: November; Day: 10th

Age: Years: 60; Months: 8; Days: 16

Sex: Male

Color or Race: White

Birthplace: Baltimore

Married, Single or Widowed: Married

Occupation: Salesman

Name of Wife or Husband: Annie C Jamison

Father's Name: Archibald Jamison

Father's Birthplace: Ireland

Mother's Maiden Name: Sarah Dickey

Mother's Birthplace: Ireland

Name of person giving information: Mrs Minnie Jamison Snyder

How related to deceased: daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sarcoma 45

How long: 3 years

Immediate: Enaemia

How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H C Hess M D

Address: Sta H (Govans) Balto Md.

Accident or Suicide? neither

LIBRARY BUREAU A65516

Berryman & Sissman

London Park Cem.,

Balto City

Name in Full: Archibald Jason

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Calumnet — County: Balto

Date of death: 1904 Month: Nov Day: 27 — Age: Years: 75 Months: Days:

Sex: Male — Color or Race: Colrd — Birthplace: Howard Co Md

Occupation: Gardener — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Alice Catherine Jason

Father's Name: Aaron Jason — Father's Birthplace: Howard Co Md

Mother's Maiden Name: Rachel Davis — Mother's Birthplace: " "

Name of person giving information: Catherine Jason — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: 4 days

Immediate: " " — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr C Stl Mattfeldt

Address: Calumnet Md

Accident or Suicide?

LIBRARY BUREAU A88016

S. Arbeiter.
I. O. O. F. Cemetery

Name in Full

Clara Eleanora Johnston

Certificate of Death

Died at Town: Govanstown County: Balto MARYLAND

Date 1904 Month: 26 Nov. Day | Age Y. 2 M. 10 D. | Native of Balto Co | Occupation —

~~Male~~ / Female | ~~White~~ / ~~Colored~~ | Married / ~~Single~~ | Widow / Widower | Divorced | Number of children living

Husband / Wife of —

Father's Name | Mother's Name

Cause of Death — Primary: Cerebral Meningitis | How long sick: 4 Days.

Immediate | Accident, Suicide, Homicide

90

Reported by John Barron, MD

Address Govanstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78963

J. E. Dwyer

Lyons County

Name in Full: Rosina Kaiser.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown. County: Balto

Date of death: Month: 11 Day: 25 1904

Age: Years: 81 Months: 4 Days:

Sex: Female Color or Race: White Birthplace: Germany

Occupation: None Where Residing if not at place of death: 252 Mt Pleasant Ave

Married, Single or Widowed: Widow Name of Wife or Husband: No

Father's Name: No Father's Birthplace:

Mother's Maiden Name: No Mother's Birthplace:

Name of person giving information: Henry C. Krantzmeyer How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pericarditis. How long: 6 mos

Immediate: Exhaustion How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Ogilvie M.D.

Address: 3 and Eough Highlandtown.

Accident or Suicide? No

77

LIBRARY BUREAU A88516

Baltic Cemetery

John Herring + Son

Nov 27/04

Name in Full

Certificate of Death

Dennis P. Keefer

Died at Town 206 Brook Ave Pleasant Plain County Balto Co MARYLAND

Date 1904 Month Jan Day 22 | Age Y. 87 M. 7 D. — | Native of Frederick Co | Occupation Farmer

Male / Female (Colored) | White / (Colored) | Married / Single | Widow / Widower | Divorced | Number of children living 4 d 7

Husband / Wife of Sabina Keefer

Father's Name Peter Keefer | Mother's Maiden Name Eva Lasso

Cause of Death — Primary: Senile Debility

Immediate: Asthenia (64)

How long sick 3 months

Accident, ~~Suicide, Homicide~~

Reported by C. G. Keefer M.D.

Address 1212 N. Eutaw St Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

George Nixon
London Park. Century

Name in Full: John Frederic King

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Boring; County: Balt

Date of death 1904: Month: 11; Day: 6

Age: Years: 76; Months: 7; Days: 10

Sex: Male; Color or Race: White; Birthplace: Germany

Married, Single or Widowed: married; Occupation: Carpenter

Name of Wife or Husband:

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving information: Frank King; How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Disease; How long: 2yrs

Immediate: do; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas Hirlem

Address: Towsbs berg Md

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full

Certificate of Death

Baby still born

Died at Highlandtown (Town) Balto (County) MARYLAND

Date 1894 Month Nov Day 14 | Y. M. D. Age — 1hr | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of —

Wife

Father's Name John L. Kraus

Mother's Name Louise Kraus

Cause of Death { Primary Asphyxiation } How long sick 1/2

{ Immediate

Accident, Suicide, Homicide

Reported by Caroline Betz Fred L Pfeffer Coroner

Address 704 E. Lombard St. Highlandtown

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM

Name in Full: Duff G. Lake

CERTIFICATE OF DEATH

New York
MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: New York — County:

Date of death 1904 — Month: Nov — Day: 3 — Years Age: 2 2 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Clerk — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Levin Lake — Father's Birthplace: Cambridge Md.

Mother's Maiden Name: Margaret Williamson — Mother's Birthplace: Penn.

Name of person giving Information: Levin Lake 93 — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Pneumonia — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address: Slade Bros. & Co.
Undertakers
Long Green Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Edna Louise Lam

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Balto.

Date of death: 1904 — Month: 11 — Day: 17 — Age — Years: — Months: — Days: 7

Sex: Female — Color or Race: Colored — Birthplace: Catonsville

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Lam — Father's Birthplace: —

Mother's Maiden Name: Jane Kennett — Mother's Birthplace: Catonsville

Name of person giving Information: Lizzie Burton — How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis — How long: —

Immediate: Convulsions — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. M. Stultz M.D.

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Margaret Leonhardt

CERTIFICATE OF DEATH

MARYLAND

Died in: Town: Pimlico — County: Baltimore

Date of death: Month: November — Day: 24 — 1907

Age: Years: — Months: — Days: 5 —

Sex: Female — Color or Race: White — Birthplace: Pimlico

Occupation: — — — — Where Residing if not at place of death: Pimlico —

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband:

Father's Name: James Henry Leonhardt — Father's Birthplace: Baltimore

Mother's Maiden Name: Anna Barabara Hempfer — Mother's Birthplace: Pimlico

Name of person giving information: Mrs. J. H. Leonhardt — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature birth — How long

151

Immediate: — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Josiah S. Brown

Address: Mt. Washington Md

Accident or Suicide?

LIBRARY BUREAU A86316

Name in Full: George J. Lorz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arlington — County: Baltimore

Date of death: 1904 — Month: 11 — Day: 23 — Years: Age 17 — Months: 7 — Days:

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: Chemist — Where Residing if not at place of death: Arlington,

~~Married~~, Single or ~~Widowed~~ — Name of ~~Wife~~ or ~~Husband~~:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Flamm, — Father's Birthplace: Bal'd

Mother's Maiden Name: Lillian Lorz — Mother's Birthplace: "

Name of person giving Information: R. Hentschel — How related to deceased: Step Father

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CAUSES OF DEATH

Primary: Abdominal Abscess — How long

Immediate: Septicaemia — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: H. F. Hardesty

Address: Sta E. City.

Accident or Suicide?

LIBRARY BUREAU A33516

Interment in
Druid Ridge Cemetery
Nov 25/904
William Cook
508 E. Madison Ave

(Sub Register).

Name in Full: Frank Mc Cleary.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dover Road. County: Baltimore.

Date of death 1904: Month: Nov. Day: 3rd. Age: Years: 29 Months: 11 Days: —

Sex: Male. Color or Race: White. Birthplace: Balto. Co.

Occupation: Blacksmith. Where Residing if not at place of death: at place of death

Married, Single or Widowed: Single. Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Nelson Mc Cleary. Father's Birthplace: Balto. Co.

Mother's Maiden Name: Martha Gill. Mother's Birthplace: " "

Name of person giving information: Martha Mc Cleary. How related to deceased: Mother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis 27 How long: Several yrs.

Immediate: Pneumonitis Pleurisy How long: 9 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: B F. Bunce M D.

Address: Texas Md.

Accident or Suicide?

LIBRARY BUREAU A33616

Name in Full: John Mc.. Kenna

CERTIFICATE OF DEATH

Died at (Town) St. Agnes' Hospital (County) Balto. MARYLAND

Date of death	Month	Day	Years	Months	Days
1904	November	1st	Age 35		

Sex: Male

Color or Race: White

Birthplace: Baltimore

Occupation: Boiler maker

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: 27

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long:

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John T. O'Mara, M.D.

Address: St. Agnes' Hospital

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Beulah E. Meeks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chase — County: Balto

Date of death: Month: Nov. — Day: 26 — 1904

Age: Years: 8 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Chase Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank Meeks — Father's Birthplace: Md

Mother's Maiden Name: Nettie Asher — Mother's Birthplace: Md

Name of person giving Information: " Meeks — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Peritonitis — How long: 7 weeks

Immediate: Eclampsia — How long: 7 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. V. Wilcox

Address: Rosaville Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Ruth Meeks

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: — County: Balto

Date of death 1904 — Month: Nov — Day: 16 — Age: Years 85 — Months 7 — Days

Sex: Female — Color or Race: White — Birthplace:

Married, ~~Single or Widowed~~ — Occupation:

Name of ~~Wife or~~ Husband: David B Meeks.

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: Mrs Dorrett — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediete: Heart Disease — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date end place correctly given above? yes

Signature of ~~Physician~~ Coroner: Fred L Pfeffer

Address: Baltimore County Md

Accident or Suicide?

LIBRARY BUREAU A88516

Armstrong Derry Co.

Cedar Hill Cem—

Name in Full: Wm. G. Miller

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Monrovia — County: Balto

Date of death 1904 — Month: 11 — Day: 16 — Age — Years: 3 — Months: 10 — Days: 14

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed — Occupation:

Name of Wife or Husband: X

Father's Name: Wm Miller — Father's Birthplace: Md.

Mother's Maiden Name: Christina Hartick — Mother's Birthplace: Germany

Name of person giving Information: Wm Miller — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition — How long: 4 months.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Bond

Address: Mt Winans.

Accident or Suicide?

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LIBRARY BUREAU A88516

Wm J Tricken & Son

Cedar Hill

Name in Full: Louisa A. Mitchel

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Winans — County: Baltimore

Date of death 1904 Month: Nov. Day: 5th — Age: Years — Months: 6 and 7 — Days

Sex: Female — Color or Race: Black — Birthplace: Mt Winans, Md

Occupation: — Where Residing if not at place of death: Mt Winans, Md.

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widow(er): — Name of Wife or Husband:

Father's Name: Thos. F. Mitchel — Father's Birthplace: Balt. Md.

Mother's Maiden Name: Mary L. Payne — Mother's Birthplace: Balt. Md.

Name of person giving information: J. W. Prater. M. D. — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition — How long: 60 Days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Prater. M.D.

Address: 1418 Jefferson St Balt. Md.

Accident or Suicide?

LIBRARY BUREAU A86618

Name in Full: Still Boy child of Frank H. & Florence Matty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fred. Road near Irvington — County: Butte Co.

Date of death 1904	Month	Day	Age	Months	Days
	Nov	28	Still born		

Sex: Male — Color or Race: White — Birthplace: Butte Co.

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband: Mother Florence Matty

Father's Name: Frank H. Matty — Father's Birthplace: Pa.

Mother's Maiden Name: Florence Rudolph — Mother's Birthplace: City

Name of person giving information: Frank Matty Sr. — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still birth, Breech presentation & cord compression — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. F. Hill

Address: 1200 Madison ave Butte City

Accident or Suicide?

LIBRARY BUREAU A8S510

Dill

Name in Full: Martha Elizabeth Moores

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: — County: Balto Co.

Date of death: Month: Nov. Day: 25th

Age: Years: 68 Months: 11 Days: 9

Sex: Female

Color or Race: white

Birthplace: Cockeysville Md

Occupation: None

Where Residing if not at place of death: —

Married, ~~Single or Widowed~~

Name of Wife or Husband: James Moores

Father's Name: Charles Ower

Father's Birthplace: Wash. Co. Md.

Mother's Maiden Name: Martha E Norris

Mother's Birthplace: Balto Co Md

Name of person giving Imformation: Alice Moores

How related to deceased: Daughter

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility. Contributing following

How long: Attacked & failed rapidly after 2 weeks.

Immediate: Heart failure

How long: Suddenly.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: M. L Todd

Address: 1202 Eutaw Place Baltimore Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88018

Rev. Ethridge
Hudson + Central Ave

Name in Full: Infant Worby

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Philopolis County: Balto

Date of death 1904: Month: 11 Day: 30

Age: Years: Months: 1 Days:

Sex: Male Color or Race: Colored Birthplace: Philopolis

Married, Single or Widowed: Occupation:

Name of Wife or Husband:

Father's Name: Hubert Worby Father's Birthplace: Virginia

Mother's Maiden Name: Henrietta Worby Mother's Birthplace: Md.

Name of person giving In formation: Henrietta How related to deceased: mother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Inherited Syphilis & Malnutrition How long:

Immediate: Exhaustion How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wilmer C. Ensor M.D.

Address: Cockeysville Md.

Accident or Suicide?

LIBRARY BUREAU AB818

Interment Steventon
Chapple Date 2

CERTIFICATE OF DEATH

MARYLAND

Name in Full: James Mulligan

Died at: Town: Govanstown County:

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month: 1904 Nov	Day: 23	Years: Age 63	Months: —	Days: —
Sex: Male	Color or Race: White			Birthplace: Ireland	
Occupation: Laborer	Where Residing if not at place of death: Willow Ave				
Married, Single or Widowed: Married	Name of Wife or Husband: Annie Mulligan				
Father's Name: Unknown				Father's Birthplace: Ireland	
Mother's Maiden Name: "				Mother's Birthplace: "	
Name of person giving information: Thomas Mulligan				How related to deceased: Son	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia	How long: 2 wks
Immediate: Exhaustion	How long: 2 day's
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: [illegible] Pikesville Md.
	Address: [redacted] York Road
Accident or Suicide? Neither	

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LIBRARY BUREAU A63916

Martin Luther + Son

21 Mayo - Evanston

Name in Full: Catherine Murphy

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Pikesville (County) Balto

Date of death 1904 (Month) Apr (Day) 13th (Years) Age 72 (Months) — (Days) —

Sex: Female | Color or Race: White | Birthplace: Ireland

Occupation: Home-maid | Where Residing if not at place of death: Pikesville

Married, Single or Widowed: Married | Name of Wife or Husband: John Murphy

Father's Name: John Walsh | Father's Birthplace: Ireland

Mother's Maiden Name: Pont [illegible] | Mother's Birthplace: —

Name of person giving information: John Murphy 146 | How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Osteo-Myelitis of Femur | How long: 2 years

Immediate: Paralysis of Heart | How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. C. Smith

Address: Woodlawn Md

Accident or Suicide? —

LIBRARY BUREAU A33516

Name in Full: Samuel R. Hess

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fernwood — County: Balto

Date of death 1904: Month: Nov — Day: 20 — Years: 70 — Months: 9 — Days: 18

Sex: Male — Color or Race: White — Birthplace: Pa

Married, Single or Widowed: Married — Occupation: Blacksmith

Name of Wife or Husband: Sarah A. J. Hess

Father's Name: ~~Samuel R. Hess~~ — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: Jacob E. Hess — How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long: —

Immediate: Heart disease, mitral stenosis — How long: two months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas H Wilson

Address: Fowblesburg Md

Filed 1904

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88319

Name in Full: Valentine Noha

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Colgate — County: Balto.

Date of death 1906 — Month: Nov — Day: 13th — Age — Years: 5 8 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Balto Md.

Occupation: Dairyman — Where Residing If not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Adaline Noha.

Father's Name: Bernard Noha — Father's Birthplace: Germany

Mother's Maiden Name: Francis Gross — Mother's Birthplace: " "

Name of person giving Information: Francis Gross — How related to deceased: Wife.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy — How long: About 6 hours

Immediate: Pericarditis — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. Williams M.D.

Address: 1116 Chesapeake St.

Accident or Suicide? —

LIBRARY BUREAU A88816

Sacred Heart Cemetery

Nov 15th 1904

Germaine Tirance

Name in Full: Viola Norris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Roslyn; County: Baltimore

Date of death 1904: Month: Nov.; Day: 4

Age: Years: 58; Months: —; Days: —

Sex: Female; Color or Race: Colored; Birthplace: Balto. Co

Married, Single or Widowed: Widow; Occupation: House Wife

Name of Wife or Husband: Chas. Norris

Father's Name: David Carroll; Father's Birthplace: Balto. Co.

Mother's Maiden Name: Viola Carroll; Mother's Birthplace: Balto. Co.

Name of person giving In formation: Wm H. Norris; How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hemiplegia; How long: 10 days

Immediate: Paralysis of Heart; How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. C. Simms

Address: Woodlawn Md

Accident or Suicide? —

PHYSICIAN OR CORONER

Name In Full

Certificate of Death

Eugene Allen Parker

Died at Town: Relay Park County: Baltimore MARYLAND

Date 1904 Month: Nov Day: 28 | Age Y. 0 M. 0 D. 1/2 | Native of: Md | Occupation: —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced

Number of children living 0

Husband of Wife —

Father's Name: Wm H Parker

Mother's Name: Elizabeth Parker

Cause of Death: Primary: Pneumonia with 151

Immediate: Apnoea

How long sick: 12 hours

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: R B Romani — MD

Address: 3543 Chestnut Ave

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

H. Marshall

35-39 Fall Road

St Mary's Hampden

Name in Full: Stanko Pucaua

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrow's Point; County: Balto.

Date of death: Month: 11; Day: 19; 1904

Age: Years: 42; Months: —; Days: —

Sex: Male

Color or Race: Cohike

Birthplace:

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Alcoholism — How long: 12 hours

Immediate: Congestion of Brain — How long: 5 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Gilbert Jones M.D.

Address: Sparrow's Point Md.

Accident ~~or Suicide~~?

LIBRARY BUREAU A3S816

Name in Full: Child not named

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Balto

Date of death: 1904 — Month: 11 — Day: 23 — Age: Years — — Months — — Days: 1

Sex: Male — Color or Race: Colored — Birthplace: Catonsville

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Raymond — Father's Birthplace: Philadelphia

Mother's Maiden Name: Josephine Fuller — Mother's Birthplace: Catonsville

Name of person giving information: Charles Raymond — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth — How long: about 7 mo

Immediate: Asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. M. Stultz M.D.

Address: Catonsville Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Lucy Reed

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Glenn Point — County: Baltimore

Date of death: Month: Nov. — Day: 21st — Years: Age 41 — Months: — — Days: —

Sex: Female — Color or Race: Negro — Birthplace: Virginia.

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Husband: Jordan Reed

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: John E Jennings. — How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency 79 — How long: 6 Months.

Immediate: Pneumonia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. C. Helsel

Address: Glenn Point

Accident or Suicide?

LIBRARY BUREAU A46616

Name in Full: Margaret Fuhrmann

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown — County: Baltimore

Date of death 190 4: Month: Nov — Day: 19 — Age: Years: 7 — Months: 8 — Days: 28

Sex: Female — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Widowed — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Elizabeth Fuhrmann — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: —

Immediate: Cardiac Syncope — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible]

Address: 1432 Highland Ave Highlandtown Md.

Accident or Suicide?

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LIBRARY BUREAU A88518

Christian Mider
2334 Jefferson st
St Alphonsus Church

Name in Full: Mark Reily

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown — County: Balto

Date of death 1904: Month: Nov — Day: 11

Age: Years — Months — Days

Sex: Male — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband:

Father's Name: — Father's Birthplace: Ireland

Mother's Maiden Name: — Mother's Birthplace: Ireland

Name of person giving Information: Wm J Schaeffer — How related to deceased: undertaker

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: accidently killed by car — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~ coroner: Fred L Pfeffer

Address: 1218 First St

Accident or Suicide: Accident

Balto, Co, Md.

LIBRARY BUREAU A88516

Name in Full: Miss Annie Ridgely

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cockeysville; County: Baltimore

Date of death: Month: Nov.; Day: 12"; Year: 1904

Age: Years: 76; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: none

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: John W. Ridgely

Father's Birthplace: Maryland

Mother's Maiden Name: Isabella Dorsey

Mother's Birthplace: Maryland

Name of person giving Information: Wm. H. Buck, Jr.

How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis 2

How long: I do not know

~~Immediate~~: I saw patient only few days before death

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas L. Shearer

Address: 345 N. Charles St. Baltimore Md

Accident or Suicide? No.

LIBRARY BUREAU A86316

H. N. Myers, Undertaker

Druid Ridge Cemetery

Name in Full: Timothy a Riordon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point — County: Balto.

Date of death: 1904 — Month: Nov. — Day: 11 — Age: Years 38 — Months — Days

Sex: Male — Color or Race: White — Birthplace

Occupation — Where Residing if not at place of death

Married, ~~Single or Widowed~~ — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Jos Blair — How related to deceased

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Exposure — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos Blair J. P.

Address: Sparrows Point.

Accident or Suicide?

LIBRARY BUREAU A83316

Name in Full: James O' Rourke

CERTIFICATE OF DEATH

Died at: Town: St. Agnes' Hospital; County: Balto; MARYLAND

Date of death: Month: November; Day: 11; Years: Age 29; Months; Days

Sex: Male; Color or Race: White; Birthplace: Baltimore

Occupation: Bar keeper; Where Residing if not at place of death: 503 N. Pratt St.

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Owen O'Rourke; Father's Birthplace: Ireland

Mother's ~~Maiden~~ Name: Catherine O'Rourke; Mother's Birthplace: Ireland

Name of person giving Information: Mrs Wm Shafsey; How related to deceased: Sister in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Enlargement of Liver & Pulmonary Tuberculosis & Endocarditis. How long:

Immediate: Pulmonary Oedema. How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F W Rescorla M.D.

Address: 1938 Linden Av.

Accident or Suicide?

LIBRARY BUREAU A88316

Henry M. Faulkner + Laura Co
2333 N. Saratoga St

St Peters Cemetery

Name in Full: Bettie M. Rowe

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Cockeysville County: Balto.

Date of death: Month: Nov. Day: 6 1904

Age: Years: 63 Months: Days:

Sex: Female Color or Race: White Birthplace: Balto.

Occupation: House wife Where Residing if not at place of death: Cockeysville

Married, Single or Widowed: Married Name of ~~Wife~~ or ~~Husband~~ Husband: Chas. M. Rowe

Father's Name: Benj. Burns Father's Birthplace: —

Mother's Maiden Name: Valinda Burns Mother's Birthplace: 75

Name of person giving Information: Chas. M. Rowe How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Methyl Alcohol. (Toxic) How long: 2 hrs.

Immediate: Coma- How long: 1 hr.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wilmer C. Enson M.D.

Address: Cockeysville Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A66616

John Burns Sons
Hereford Baptist
cert.

Name in Full: John Ryan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sparrows Point; County: Baltimore

Date of death: 1904 Month: Nov. Day: 12 Age: Years 40 Months — Days —

Sex: Male Color or Race: White Birthplace:

Occupation: Laborer Where Residing if not at place of death: Sparrows Point

Married, Single or Widowed: Name or Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Jos Blair 56 How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long:

Immediate: Alcoholism & Exposure How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos Blair M.D.

Address: Sparrows Point

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Mary Martin Schaeffer (Washington DC)

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sheppard Asp Towson — County: Balto

Date of death: Month: Nov — Day: 16 — Year: 1904 — Age: Years: 51 — Months: 7 — Days: 7

Sex: Fem — Color or Race: White — Birthplace: Danville Ky

Occupation: None — Where Residing if not at place of death: Washington DC

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Geo C Schaeffer — Father's Birthplace: Harrisburg Pa

Mother's Maiden Name: Mary A Martin — Mother's Birthplace: Newport Ky

Name of person giving information: E S Bruck — How related to deceased: Physcn

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phaucton Mental Disease — How long

Immediate: Cardiac Paralysis — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E S Bruck

Address: Towson Md

Accident or Suicide? No—

LIBRARY BUREAU A88816

H. W. Jenkins & Son

Washington D. C

Name in Full: Emma Schlimme

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sparrows Point — County: Balto.

Date of death	Month	Day	Age: Years	Months	Days
1904	11	12	14 5	3	10

Sex: White — Color or Race: White — Birthplace: Wisconsin Pa.

Occupation: Housewife — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ — Name of ~~Wife of~~ Husband: Frederick C. Schlimme

Father's Name: Samuel Klinger — Father's Birthplace: Penn

Mother's Maiden Name: Catherine Fockler — Mother's Birthplace: Penn

Name of person giving information: [illegible] — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abscess, Scalp & Septicaemia — How long: 12 days

Immediate: Exhaustion — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. W. Woodward M.D.

Address: Sparrows Point, Md.

Accident or Suicide?

LIBRARY BUREAU A68616

Name in Full: George H. Schmidt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Balt

Date of death: 1904 — Month: 11 — Day: 15

Age: Years: 2 — Months: — — Days: 6

Sex: M — Color or Race: W — Birthplace: Balt

Occupation: None — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ — Name of Wife or ~~Husband~~:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George H. Schmidt — Father's Birthplace: Md

Mother's Maiden Name: Anna B. Barlage — Mother's Birthplace: Md

Name of person giving information: Geo H. Schmidt — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheria — How long: 5 days

Immediate: Septicaemia — How long: one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D.W. Jones

Address: 3116 O'Donnell St

Accident or ~~Suicide~~?

LIBRARY BUREAU A6S616

Jurkler & Jurkler

1739 E. Eager St.

Nov. 16 - 1904

Trinity Cemetery

Name in Full: Catharine Schnepf

CERTIFICATE OF DEATH

MARYLAND

Died at: Canton (Town) _____ (County)

Date of death 190[illegible]: Month Nov. Day 16

Age: Years _____ Months 13 Days _____

Sex: female

Color or Race: white

Birthplace: Canton

Occupation: —

Where Residing if not at place of death: _____

Married, Single or Widowed: _____

Name of Wife or Husband: _____

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Schnepf

Father's Birthplace: Balto.

Mother's Maiden Name: Mary Buchholz

Mother's Birthplace: Balto.

Name of person giving information: _____

How related to deceased: Father

CAUSES OF DEATH

Primary: Membranous Croup

How long: 4 days.

Immediate: General Septicemia

How long: 5 hrs.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. E. McClanahan M.D.

Address: 618 N. Chiles St.

Accident or Suicide? _____

LIBRARY BUREAU A66616

Germanus Trance

Sacred Heart Cemetery

Nov 17th 1904

Name in Full: Samuel Budd Sexton Jr

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Washington — County: Baltimore

Date of death: Month: Nov — Day: 22 — 1904

Age: Years: 52 — Months: 6 — Days: 27

Sex: Male — Color or Race: White — Birth-place: Maryland

Occupation: Manufacturer — Where Residing if not at place of death: Baltimore Md

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or ~~Husband~~: Emma J Sexton

Father's Name: Samuel B Sexton — Father's Birthplace: New Jersey

Mother's Maiden Name: Elelizabet Elbert — Mother's Birthplace: Maryland

Name of person giving In formation: Geo J. Kieffer — How related to deceased: Brother in law

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia — How long: 3 weeks.

Immediate: Cerebral and Pulmonary Oedema — How long: 32 hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: William L Friel

Address: Mt Washington Md

Accident or Suicide?

LIBRARY BUREAU A88516

Baltimore Nov 23rd/04

Dr Naylor Please grant Permit
to inter in ~~Loudon~~ ~~Greenmount Cemetery~~
and oblige Stewart Mowen

Loudon Park Cemetery,

Name in Full: Mary Elizabeth Shaffer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rossville — County: Balto

Date of death 190 4 — Month: Nov — Day: 15 — Age — Years: 53 — Months — Days

Sex: Female — Color or Race: N White — Birthplace: Md

Occupation: — — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Calvin J. Shaffer

Father's Name — Father's Birthplace

Mother's Maiden Name: Mrs Johnson — Mother's Birthplace

Name of person giving Information: C. J. Shaffer — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Organic Heart disease — How long: 2 years

Immediate: — — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C Wallace

Address: Rossville Md

Accident or Suicide? —

1 9

LIBRARY BUREAU A66616

St Joseph Conv

Name in Full: Shipley Isabella

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sealsville; County: Balto

Date of death: Month: Nov; Day: 22; Year: 1904

Age: Years: 59; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: None

Where Residing if not at place of death: X

Married, Single or Widowed: Widowed

Name of Wife or Husband:

Father's Name: X

Father's Birthplace: X

Mother's Maiden Name: X

Mother's Birthplace: X

Name of person giving Information: X

How related to deceased: X

68

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Melancholia

How long: 4 Mos.

Immediate: Exhaustion

How long: 1 Mo

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Percy Nash.

Address: Sealsville Md

Accident or Suicide? No

LIBRARY BUREAU A88018

Name in Full: Curtis S. Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Howard Park — County: Balto

Date of death 19 Mar 4 — Month: Mar — Day: 7 — Age: Years 38 yr — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed — Occupation: Merchant

Name of Wife or Husband: Curtis S. Smith

Father's Name: Jacob G Smith — Father's Birthplace: Md

Mother's Maiden Name: Lydia Walker — Mother's Birthplace: Md

Name of person giving information: Carrie P. Smith — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Septicaemia — How long: 5 months

Immediate: Cardiac failure — How long: a few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harry Gross M.D.

Address: 1940 S Charles St

Accident or Suicide? No

LIBRARY BUREAU A8851G

Lbr Gross - L. Charles at Smithsonian Washington D.C.

Name in Full: Marya Trout

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forsuch; County: Baltimore

Date of death 1907: Month: Nov; Day: 6; Age: Years: 78; Months: 5; Days: 5

Sex: Female; Color or Race: White; Birthplace: Lancaster Co Pa

Married, Single or Widowed: Married; Occupation: —

Name of Wife or Husband: James Trout

Father's Name: not recorded; Father's Birthplace: —

Mother's Maiden Name: not recorded; Mother's Birthplace: —

Name of person giving Information: John W. Trout; How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Obstruction of Bowels; How long: ten days

Immediate: Weakness causing Syncope from Shock; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank M Free MD

Address: Stewartstown Pa

Accident or Suicide?

LIBRARY BUREAU A33318

Name in Full: Isaac F. Tyson

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CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kingsville; County: Balt

Date of death: Month: 11; Day: 7; 1900; Age: Years: 63; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: Retired Merchant

Where Residing if not at place of death:

Married, Single ~~or Widowed~~

Name of Wife ~~or Husband~~: Martha Tyson

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Imformation: Isaac F. Tyson, Jr.

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease of Kidneys — How long: about 15 years

Immediate: Uraemic Torsion of Uterus Coitus — How long: about 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Neil Keyser M.D.

Address: Franklinville

Accident or Sulcide? No

LIBRARY BUREAU A89816

Name in Full: Ida Uhler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Arcadia — County: Balt

Date of death 1904: Month: 11 — Day: 20 — Age: Years: 35 — Months: 6 — Days: 10

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: widow — Occupation: Housewife

Name of Wife or Husband: —

Father's Name: Conrad Manns — Father's Birthplace: Germany

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: Newton Algire — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion — How long: Years

Immediate: Paralysis of Brain — How long: Suddenly

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas A Wilson M D

Address: Hubbetown Md

Accident or Suicide?

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LIBRARY BUREAU A8878

Name in Full: Thomas W. Underwood

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Baltimore Co

Date of death: Month: Nov; Day: 17th; 1904

Age: Years: 39; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Md —

Occupation: Laborer

Where Residing if not at place of death: 21 Elliott St

Married, Single or Widowed: Married

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving In formation: Reds of Mt Hope Retreat

How related to deceased: Not at all —

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania Acute — due to Cerebral Lesion

How long: 2 years

Immediate: following Heat Stroke — Exhaustion —

How long: 13 days —

Are the name, age, sex, color, date and place correctly given above? Yes —

Signature of Physician: Frank J Flannery

Address: Mt Hope Retreat, Balto Co. Md —

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Mt Hope Retreat (County) Baltimore

Date of death 1904 Month Nov Day 14 16 Age Years 78 Months — Days —

Sex Female Color or Race White Birthplace

Occupation None Where Residing if not at place of death Richmond Va

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving Information Recds of Mt Hope Retreat How related to deceased Not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Chronic Mania (68) How long over 46 years

Immediate Cerebral Apoplexy How long 24 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Frank J. Thommy

Address Mt Hope Retreat Baltimore Co Md.

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Georgia Alabama Vincent

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat — County: Baltimore

Date of death: Month: Nov — Day: 24th — 1904

Age: Years: 66 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace:

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Reeds of Mt Hope Retreat — How related to deceased: Not at all

68

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania Acute-Ex. Pneumonia Hypostatic — How long:

Immediate: Ex — How long:

Are the name, age, sex, color, date and place correctly given above? Yes -

Signature of Physician: Frank J. Flannery M.D

Address: Mt Hope Retreat

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full: William T. Sharry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govans; County: Baltimore

Date of death: Month: Nov. Day: 10 1904

Age: Years: 35 Months: 1 Days: 19

Sex: Male

Color or Race: White

Birthplace: Baltimore

Occupation: Car cleaner

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband: none

Father's Name: Thos S. Sharry

Father's Birthplace: Ireland

Mother's Maiden Name: Amanda M. Broom

Mother's Birthplace: Md

Name of person giving Information: Frank Sharry

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever.

How long: 22 day.

Immediate: " "

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward H. Condon MD

Address: 1403 W Fayette St

Accident or Suicide? No

LIBRARY BUREAU A66516

Mt Olivet Cem
Jno B Cook

Name in Full: Hanson Miller Wilhelm

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Monkton; County: Balto.

Date of death: Month: Mch.; Day: 4; 1904

Age: Years: 16; Months: 3; Days: 7

Sex: Male

Color or Race: White

Birthplace: Monkton

Occupation: Clerk boy

Where Residing if not at place of death: Monkton

Married, Single or ~~Widowed~~

Name of Wife or Husband

Father's Name: Geo H. Wilhelm

Father's Birthplace: Balto Co

Mother's Maiden Name: Ellen Troyer

Mother's Birthplace: Balto Co

Name of person giving Information: Ellen A. Wilhelm 108

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Obstruction of Bowels.

How long: 3 days

Immediate: Peritonitis

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Ross Payne

Address: Corbett Md.

Accident or Suicide? No

LIBRARY NUMBER A 88-516

Name in Full: Robt. W. Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Consumptives Hospital (County) Balto

Date of death 1904 — Month: 11 — Day: 5 — Age: Years: 42 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Balto.

Married, Single or Widowed: Married — Occupation: Clerk

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: Miss Hoffman — How related to deceased: None

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: Six years

Immediate: Edema of lungs. — How long: 24 hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H A Jarrell

Address: Towson, Md.

Accident or Suicide? No

LIBRARY BUREAU A28516

J. Wesley Jackson Co.
745 N. Grand St

Landon Park

Name in Full: Sarah Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Guyo; County: Balto co

Date of death: Month: Nov; Day: 26; Year: 1904

Age: Years: 80; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Virginia

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: David Wilson

Father's Name: Allen Butler

Father's Birthplace: Virginia

Mother's Maiden Name: Sarah Whitehead

Mother's Birthplace: Virginia

Name of person giving Information: Martha Butler

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senility — How long:

Immediate: Exhaustion — How long: Few hours

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John F. Mervyn

Address: Ellicott City

Accident or Suicide?

LIBRARY BUREAU A68615

Name in Full: William Francis Windsor

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Woodlawn Sta — County: Balto

Date of death 1904 — Month: Nov — Day: 13th

Age — Years: — Months: 10 — Days: —

Sex: male — Color or Race: White — Birthplace: Woodlawn Sta

Married, Single or Widowed: — Occupation:

Name of Wife or Husband: —

Father's Name: W. W. Windsor — Father's Birthplace: Balto.

Mother's Maiden Name: Sarah Margaret Ruckle — Mother's Birthplace: Md

Name of person giving information: Miss Ida Ruckle — How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Entero Colitis. — How long: 4 weeks

Immediate: Acute Meningetis. — How long: 3 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. C. Smith

Address: Woodlawn Sta Md.

Accident or Suicide? —

105

LIBRARY BUREAU A93516

Laydon Park.

J. B. Cook

Name in Full: John F. Yeager.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rightsandtown. County: Balto

Date of death: 1904 Month: 11 Day: 14

Age: Years: 44 Months: 8 Days: 8

Sex: Male. Color or Race: White. Birthplace: Balto and

Occupation: Labourer. Where Residing if not at place of death: 1322 Fourth St.

Married, Single or Widowed: married. Name of Wife or Husband: Ida Yeager

Father's Name: Frederick Yeager. Father's Birthplace: Germany

Mother's Maiden Name: Rosina Charlotte. Mother's Birthplace: Germany

Name of person giving Information: Ida Yeager. 80 How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Angina Pectoris. How long: 3 weeks

Immediate: Collapse & Exhaustion. How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jas. L. Truax M.D.

Address: 3 and Gough. Rightsandtown.

Accident or Suicide? No

LIBRARY BUREAU A88516

H. Sanders and Sons
Oak Lawn Cem.

Name in Full: Stanley Young

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Offutts Park — County: Baltimore

Date of death 190 4: Month: March — Day: 27 — Age: Years: Ten — Months: 4 — Days:

Sex: Female — Color or Race: Black — Birthplace: Md

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband: None

Father's Name: Albert Young — Father's Birthplace: Md

Mother's Maiden Name: Lydia Robinson — Mother's Birthplace: Md

Name of person giving Information: Willis Morris — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Epilepsy — How long: 10 days

Immediate: Pulmonary Congestion — How long: 24 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G B Offutt

Address: Granite Md

Accident or Suicide?

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